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| <div style="text-align: center;"><b>DECLARATION FOR<br/>UTILITY OR DESIGN<br/>PATENT APPLICATION</b></div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"><div><input checked="" type="checkbox"/> Declaration Submitted with Initial Filing</div><div>OR</div><div><input type="checkbox"/> Declaration Submitted after Initial Filing</div></div>  | <div style="display: flex; justify-content: space-between;"><div style="width: 40%;"><b>Attorney Docket Number</b><br/>First Named Inventor</div><div style="width: 60%;"><b>C 2684 PCT/US</b><br/>FIES, Matthias</div></div> <div style="text-align: center; border: 1px solid black; padding: 2px; margin: 5px 0;"><b>COMPLETE IF KNOWN</b></div> <div style="display: flex; justify-content: space-between;"><div style="width: 40%;">Application Number</div><div style="width: 60%;"></div></div> <div style="display: flex; justify-content: space-between;"><div style="width: 40%;">Filing Date</div><div style="width: 60%;"></div></div> <div style="display: flex; justify-content: space-between;"><div style="width: 40%;">Group Art Unit</div><div style="width: 60%;"></div></div> <div style="display: flex; justify-content: space-between;"><div style="width: 40%;">Examiner Name</div><div style="width: 60%;"></div></div> |  |                          |  |                      |                          |  |  |  |  |        |              |         |            |                          |  |  |  |  |                          |   |  |  |  |                          |   |  |  |  |                          |   |  |  |  |                          |   |  |  |  |                          |   |  |  |  |                          |   |
|--|---|--|--------------------------|--|----------------------|--------------------------|--|--|--|--|--------|--------------|---------|------------|--------------------------|--|--|--|--|--------------------------|---|--|--|--|--------------------------|---|--|--|--|--------------------------|---|--|--|--|--------------------------|---|--|--|--|--------------------------|---|--|--|--|--------------------------|---|
| <p>As a below named inventor, I hereby declare that:<br/>My residence, post office address, and citizenship are as stated below next to my name.<br/>I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:</p> <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 10px 0;"><b>DIMER DIOL (METH)ACRYLATES USED AS A MATTING AGENT</b></div> <p style="text-align: center; font-size: small;">(Title of the Invention)</p> <p>the specification of which<br/><input type="checkbox"/> is attached hereto<br/>OR<br/><input checked="" type="checkbox"/> was filed on (MM/DD/YYYY) <span style="border: 1px solid black; padding: 2px 20px;">04/08/2004</span> as United States Application Number or PCT International Application Number <span style="border: 1px solid black; padding: 2px 20px;">PCT/EP2004/003784</span> and was amended on (MM/DD/YYYY) <span style="border: 1px solid black; padding: 2px 20px;"></span> (if applicable).</p> <p>I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.</p>  |   |  |                          |  |                      |                          |  |  |  |  |        |              |         |            |                          |  |  |  |  |                          |   |  |  |  |                          |   |  |  |  |                          |   |  |  |  |                          |   |  |  |  |                          |   |  |  |  |                          |   |
| <p>I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 25%;">Prior Foreign Application Number(s)</th><th style="width: 25%;">Country</th><th style="width: 25%;">Foreign Filing Date (MM/DD/YYYY)</th><th style="width: 10%;">Priority Not Claimed</th><th style="width: 15%;">Certified Copy Attached?</th></tr><tr><th></th><th></th><th></th><th></th><th>YES NO</th></tr></thead><tbody><tr><td>103 17 645.4</td><td>Germany</td><td>04/17/2003</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/> <input checked="" type="checkbox"/></td></tr><tr><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td></tr><tr><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td></tr><tr><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td></tr><tr><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td></tr><tr><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td></tr><tr><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td></tr></tbody></table> |   | Prior Foreign Application Number(s)  | Country                  | Foreign Filing Date (MM/DD/YYYY)                             | Priority Not Claimed | Certified Copy Attached? |  |  |  |  | YES NO | 103 17 645.4 | Germany | 04/17/2003 | <input type="checkbox"/> | <input type="checkbox"/> <input checked="" type="checkbox"/> |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| Prior Foreign Application Number(s)  | Country   | Foreign Filing Date (MM/DD/YYYY)   | Priority Not Claimed     | Certified Copy Attached?                                     |                      |                          |  |  |  |  |        |              |         |            |                          |  |  |  |  |                          |   |  |  |  |                          |   |  |  |  |                          |   |  |  |  |                          |   |  |  |  |                          |   |  |  |  |                          |   |
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| 103 17 645.4   | Germany   | 04/17/2003   | <input type="checkbox"/> | <input type="checkbox"/> <input checked="" type="checkbox"/> |                      |                          |  |  |  |  |        |              |         |            |                          |  |  |  |  |                          |   |  |  |  |                          |   |  |  |  |                          |   |  |  |  |                          |   |  |  |  |                          |   |  |  |  |                          |   |
|  |   |  | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/>            |                      |                          |  |  |  |  |        |              |         |            |                          |  |  |  |  |                          |   |  |  |  |                          |   |  |  |  |                          |   |  |  |  |                          |   |  |  |  |                          |   |  |  |  |                          |   |
|  |   |  | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/>            |                      |                          |  |  |  |  |        |              |         |            |                          |  |  |  |  |                          |   |  |  |  |                          |   |  |  |  |                          |   |  |  |  |                          |   |  |  |  |                          |   |  |  |  |                          |   |
|  |   |  | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/>            |                      |                          |  |  |  |  |        |              |         |            |                          |  |  |  |  |                          |   |  |  |  |                          |   |  |  |  |                          |   |  |  |  |                          |   |  |  |  |                          |   |  |  |  |                          |   |
|  |   |  | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/>            |                      |                          |  |  |  |  |        |              |         |            |                          |  |  |  |  |                          |   |  |  |  |                          |   |  |  |  |                          |   |  |  |  |                          |   |  |  |  |                          |   |  |  |  |                          |   |
|  |   |  | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/>            |                      |                          |  |  |  |  |        |              |         |            |                          |  |  |  |  |                          |   |  |  |  |                          |   |  |  |  |                          |   |  |  |  |                          |   |  |  |  |                          |   |  |  |  |                          |   |
|  |   |  | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/>            |                      |                          |  |  |  |  |        |              |         |            |                          |  |  |  |  |                          |   |  |  |  |                          |   |  |  |  |                          |   |  |  |  |                          |   |  |  |  |                          |   |  |  |  |                          |   |
| <div><input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:</div> <div><input type="checkbox"/> I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.</div>  |   |  |                          |  |                      |                          |  |  |  |  |        |              |         |            |                          |  |  |  |  |                          |   |  |  |  |                          |   |  |  |  |                          |   |  |  |  |                          |   |  |  |  |                          |   |  |  |  |                          |   |
| <div style="border: 1px solid black; padding: 2px;"><b>Application Number(s)</b></div>   | <div style="border: 1px solid black; padding: 2px;"><b>Filing Date (MM/DD/YYYY)</b></div>   | <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.</div> |                          |  |                      |                          |  |  |  |  |        |              |         |            |                          |  |  |  |  |                          |   |  |  |  |                          |   |  |  |  |                          |   |  |  |  |                          |   |  |  |  |                          |   |  |  |  |                          |   |

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**DECLARATION****Page 2**

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365© of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

| U.S. Parent Application Number | PCT Parent Number | Parent Filing Date (MM/DD/YYYY) | Parent Patent Number (if applicable) |
|--------------------------------|-------------------|---------------------------------|--------------------------------------|
|                                | PCT/EP2004/003784 | 04/08/2004                      |                                      |

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

|   |              |                 |          |  |
|---|--------------|-----------------|----------|--|
| <input checked="" type="checkbox"/> Firm Name | <b>23657</b> | Customer Number | or label |  |
| <input type="checkbox"/> OR                   |              |                 |          |  |

☐ List Attorney(s) and/or agent(s) name and registration number below:

| Name | Registration Number | Name | Registration Number |
|------|---------------------|------|---------------------|
|      |                     |      |                     |

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☒ Customer Number **23657** or label ☐ OR ☐ Fill in correspondence address below

|         |  |           |  |     |  |
|---------|--|-----------|--|-----|--|
| Name    |  |           |  |     |  |
| Address |  |           |  |     |  |
| Address |  |           |  |     |  |
| City    |  | State     |  | Zip |  |
| Country |  | Telephone |  | Fax |  |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**Name of Sole or First Inventor:** ☐ A petition has been filed for this unsigned inventor

|                      |                         |                |  |             |                |                 |                |
|----------------------|-------------------------|----------------|--|-------------|----------------|-----------------|----------------|
| Given Name           | <b>Matthias</b>         | Middle Initial |  | Family Name | <b>FIES</b>    | Suffix e.g. Jr. |                |
| Inventor's Signature |                         |                |  |             | Date           |                 |                |
| Residence: City      | <b>Krefeld</b>          | State          |  | Country     | <b>Germany</b> | Citizenship     | <b>German</b>  |
| Post Office Address  | <b>Dahlenstrasse 26</b> |                |  |             |                |                 |                |
| Post Office Address  |                         |                |  |             |                |                 |                |
| City                 | <b>47800 Krefeld</b>    | State          |  | Zip         |                | Country         | <b>Germany</b> |
| Applicant Authority  |                         |                |  |             |                |                 |                |

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

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| <b>DECLARATION</b>   |                  |                               |  |                |       |   |             |                   |         | <b>ADDITIONAL INVENTOR(S)<br/>Supplemental Sheet</b> |                 |  |             |  |                |  |                     |  |  |  |
|--|------------------|-------------------------------|--|----------------|-------|---|-------------|-------------------|---------|--|-----------------|--|-------------|--|----------------|--|---------------------|--|--|--|
| <b>Name of Additional Joint Inventor, if any:</b>  |                  |                               |  |                |       | <input type="checkbox"/> A petition has been filed for this unsigned inventor |             |                   |         |  |                 |  |             |  |                |  |                     |  |  |  |
| Given Name   | <b>Holger</b>    |                               |  | Middle Initial |       |   | Family Name | <b>ENDRES</b>     |         |  | Suffix e.g. Jr. |  |             |  |                |  |                     |  |  |  |
| Inventor's Signature   |                  |                               |  |                |       |   | Date        |                   |         |  |                 |  |             |  |                |  |                     |  |  |  |
| Residence: City  |                  | <b>Neuss</b>                  |  |                | State |   |             |                   | Country |  | <b>Germany</b>  |  | Citizenship |  | <b>German</b>  |  |                     |  |  |  |
| Post Office Address  |                  | <b>Buchenstrasse 27</b>       |  |                |       |   |             |                   |         |  |                 |  |             |  |                |  |                     |  |  |  |
| Post Office Address  |                  |                               |  |                |       |   |             |                   |         |  |                 |  |             |  |                |  |                     |  |  |  |
| City   |                  | <b>41470 Neuss</b>            |  |                | State |   |             |                   | Zip     |  |                 |  | Country     |  | <b>Germany</b> |  | Applicant Authority |  |  |  |
| <b>Name of Additional Joint Inventor, if any:</b>  |                  |                               |  |                |       | <input type="checkbox"/> A petition has been filed for this unsigned inventor |             |                   |         |  |                 |  |             |  |                |  |                     |  |  |  |
| Given Name   | <b>Jan-Mirco</b> |                               |  | Middle Initial |       |   | Family Name | <b>STACHOWIAK</b> |         |  | Suffix e.g. Jr. |  |             |  |                |  |                     |  |  |  |
| Inventor's Signature   |                  |                               |  |                |       |   | Date        |                   |         |  |                 |  |             |  |                |  |                     |  |  |  |
| Residence: City  |                  | <b>Essen</b>                  |  |                | State |   |             |                   | Country |  | <b>Germany</b>  |  | Citizenship |  | <b>German</b>  |  |                     |  |  |  |
| Post Office Address  |                  | <b>Freisenbruchstrasse 32</b> |  |                |       |   |             |                   |         |  |                 |  |             |  |                |  |                     |  |  |  |
| Post Office Address  |                  |                               |  |                |       |   |             |                   |         |  |                 |  |             |  |                |  |                     |  |  |  |
| City   |                  | <b>45279 Essen</b>            |  |                | State |   |             |                   | Zip     |  |                 |  | Country     |  | <b>Germany</b> |  | Applicant Authority |  |  |  |
| <b>Name of Additional Joint Inventor, if any:</b>  |                  |                               |  |                |       | <input type="checkbox"/> A petition has been filed for this unsigned inventor |             |                   |         |  |                 |  |             |  |                |  |                     |  |  |  |
| Given Name   | <b>Ronald</b>    |                               |  | Middle Initial |       |   | Family Name | <b>KLASSE</b>     |         |  | Suffix e.g. Jr. |  |             |  |                |  |                     |  |  |  |
| Inventor's Signature   |                  |                               |  |                |       |   | Date        |                   |         |  |                 |  |             |  |                |  |                     |  |  |  |
| Residence: City  |                  | <b>Erkrath</b>                |  |                | State |   |             |                   | Country |  | <b>Germany</b>  |  | Citizenship |  | <b>German</b>  |  |                     |  |  |  |
| Post Office Address  |                  | <b>Naheweg 25</b>             |  |                |       |   |             |                   |         |  |                 |  |             |  |                |  |                     |  |  |  |
| Post Office Address  |                  |                               |  |                |       |   |             |                   |         |  |                 |  |             |  |                |  |                     |  |  |  |
| City   |                  | <b>40699 Erkrath</b>          |  |                | State |   |             |                   | Zip     |  |                 |  | Country     |  | <b>Germany</b> |  | Applicant Authority |  |  |  |
| <b>Name of Additional Joint Inventor, if any:</b>  |                  |                               |  |                |       | <input type="checkbox"/> A petition has been filed for this unsigned inventor |             |                   |         |  |                 |  |             |  |                |  |                     |  |  |  |
| Given Name   |                  |                               |  | Middle Initial |       |   | Family Name |                   |         |  | Suffix e.g. Jr. |  |             |  |                |  |                     |  |  |  |
| Inventor's Signature   |                  |                               |  |                |       |   | Date        |                   |         |  |                 |  |             |  |                |  |                     |  |  |  |
| Residence: City  |                  |                               |  |                | State |   |             |                   | Country |  |                 |  | Citizenship |  |                |  |                     |  |  |  |
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| Post Office Address  |                  |                               |  |                |       |   |             |                   |         |  |                 |  |             |  |                |  |                     |  |  |  |
| City   |                  |                               |  |                | State |   |             |                   | Zip     |  |                 |  | Country     |  |                |  | Applicant Authority |  |  |  |
| <input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto |                  |                               |  |                |       |   |             |                   |         |  |                 |  |             |  |                |  |                     |  |  |  |